

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009977

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: PARQUE DIANE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

5955 T.G. LEE BLVD,  
SUITE 300  
ORLANDO, FL 328224457

## New Principal Place of Business:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

## Current Mailing Address:

5955 T.G. LEE BLVD,  
SUITE 300  
ORLANDO, FL 328224457

## New Mailing Address:

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

FEI Number: 56-2514792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC.  
5955 T.G. LEE BLVD,  
SUITE 300  
ORLANDO, FL 328224457 US

## Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC.  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KUEFFER, WALTER III  
Address: 922 LORD NELSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete  
Name: FITZHUGH, PEMBROKE IV  
Address: 930 LORD NELSON BLVD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete  
Name: BELTON, SAMUEL L  
Address: 13036 NOTRE DAME LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Delete  
Name: BURRUS, PATRICK D  
Address: 949 CORSICA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete  
Name: SCHOMMER, JAN  
Address: 846 CORSICA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BELTON, SAMUEL L  
Address: 13036 NOTRE DAME LANE NORTH  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Change ( ) Addition  
Name: SCHOMMER, JAN  
Address: 846 CORSICA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER KUEFFER III

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date